



TOSHA INSTRUCTION

TENNESSEE DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY & HEALTH

DIRECTIVE NUMBER: IRT-TN 01-00-002

EFFECTIVE DATE: October 1, 2007

SUBJECT: Citation and Form Letter Processing on the Personal Computer.

Abstract

- Purpose:** This instruction provides guidance for the creation of form letters and citations on the personal computer.
- Scope:** Applies to all TOSHA compliance offices, support personnel and anyone using the PC to create compliance letters or citations.
- Cancellations:** TOSHA Directive IRT-TN 01-00-001 Citation and Form Letter Processing on the Personal Computer, July 15, 2005.
- Changes:** Revised central office address, minor formatting corrections.
- Action Offices:** All TOSHA area offices utilizing the personal computer to generate citations, forms and letters.
- Contact:** Manager of Standards and Procedures.

Executive Summary

This instruction provides an update to information supporting the preparation of inspection related documents on the personal computer. The documents include citations, letters, abatement forms, penalty notices and some other miscellaneous items. Health, Safety and Public Sector branches of the compliance program currently use the templates that are included in this instruction. There are samples of each form letter template, citation, and other inspection related document located in Appendices A and B of this instruction. Limited user instructions are provided, but these instructions do not take the place of Microsoft Word or MS Excel user training. Since the naming convention for the existing documents created on the PC has not changed, there should be no changes required for field offices to begin using this instruction. Only letters contained within this instruction may be used in the conduct of compliance case-related activities, and must be approved by the TOSHA Administrator. Any document not contained in this instruction should be submitted to the Manager of Standards and Procedures for processing unless it has a TOSHA or OSHA form number or previous approval or authorization.

Significant Changes

- This instruction replaces the TOSHA instruction dated July 15, 2005. After transferring any notes or personalized information from the old instruction, discard it.
- The mailing address for the Nashville office has been updated to reflect the new address.
- There have been some minor spelling and formatting changes.

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DOCUMENT AND CITATION PREPARATION ON THE PC

I. INTRODUCTION

- A. The current citation and form letter processing application designed for use on the personal computer utilizes Microsoft Word (Word) and Microsoft Excel (Excel) to process all forms, letters and citation documents. Data is entered into an Excel spreadsheet and merged with Word documents we gain the advantages of auto entry of commonly used information as well as the ability to recover previously entered data with a simple and fast query capability.
- B. We are required to have all formats, letters and forms approved by the Administrator of TOSHA. To insure that we meet this requirement, only use the letters and citation formats included in this instruction in the preparation of case related documentation.
- C. Submit any letters or other case related documents that an employee of TOSHA desires to be included in this instruction to the Manager of Standards and Procedures. The Administrator approves all letters prior to use.

II. PROCESSING OVERVIEW

- A. Process all citation related forms, letters and data sheets in a folder on the personal computer's "D:" drive. Unless otherwise specified the folder is "D:\CITATION". There are blank files (referred to as "templates") that will be used to build reports and citations. Master copies of these templates are stored on the common drive in a folder called "H:\Tosha Compliance\Templates". New letters, forms and documents distributed to the field should be stored in the appropriate location(s).
- B. Word and Excel files create the citation and other documents. They will be identifiable by their extension. The Word files will have either a ".doc" (for Word documents) or ".dot" (for Word templates). The Excel documents will have an ".xls" extension.
- C. Excel will be the data storage file or "data file". We recommend that at least two or three data files be created per area office. One for safety and one for health and if appropriate one for public sector. This will expedite the entry of data but allow the supervisors flexibility when they desire to query the data system.
- D. A Word template (*.dot) is used to produce the final document which will ultimately become a Word document (*.doc).

- E. Once a citation or letter has been created the printed copy will be sent to Nashville. A soft copy of this document will normally be stored on your computer.
- F. If necessary, you may be asked to send a copy of the letter or citation to Nashville. This should be done E-Mail with the required file attached to the e-mail.

III. SETTING UP FOLDERS AND DRIVE INFORMATION:

- A. Create a folder on you're "D:" drive named "CITATION".
- B. Make a copy of every template document from the "H:\Tosha Compliance\Templates" folder into "D:\Citation".
- C. All citations and other documents will be initially created and processed in the "Citation" folder. The Citation folder should be used only for case related documents that are in the process of being completed or worked.
- D. Once the documents are created, they should be saved in other folders for future use or archival purposes. When creating folders for storage of documents no longer "in process", you may want to choose names using the type of document and year created or some similar naming convention. Some examples of folder names:
 - 1. Completed health letters can be stored in a folder named "D:\Letters\Health.
 - 2. Completed safety letters can be stored in a folder named "D:\Letters\Safety.
 - 3. Citations may be stored in similar folders such as D:\Health\Citations, etc.

IV. CREATING OFFICE SPECIFIC DATA SHEETS:

- A. An explanation of the data fields contained in each data sheet is located in Appendix A to this document. Open Excel (It helps to have it opened in full screen mode, so enlarge the screen if it is not already enlarged.), select "File" and then "Open" from the menu bar.
- B. From the "D:\Citation" folder select the data sheet you wish to modify. (SAFETY_DATA_SHEET.xls, HEALTH_DATA_SHEET.xls or PUBLIC_SECTOR_DATA_SHEET.xls).

- C. Enter the data that you know will be the same for each activity such as supervisor and area office information.
 - D. Once this data is entered copy the information into the remainder of the cells directly below the ones you just filled out:
 - E. At this point, save the document. This will preserve the changes you have made.
 - F. If you are going to create a sheet for the other disciplines, repeat the process described above for each sheet you create.
- V. CREATING CITATIONS OR FORM LETTERS
- A. Prior to creating a citation or form letter, the data relating to the complaint, referral or inspection must be entered in the appropriate data sheet.
 - B. After the data has been entered, open MS Word and click on “Tools”, “Letters and Mailings” and “Mail Merge Wizard”. You may want to turn on the mail merge toolbar by clicking on that selection after you start the wizard.
 - C. Follow the instructions on the right side of your screen. If you have problems consult the Help screen for specific merge instructions.
- VI. CITATION TEMPLATES AND DATA TABLES. The following section contains the name of the template or table in italics, followed by a brief description of each citation template and data table contained in this instruction.
- A. ***Abatement Form.dot***. This form will be used when an abatement form is needed without the citation.
 - B. ***Amended Citation Form.dot***. This is the format to be used to create amended citations. The body of the document contains right-square-brackets "]" as markers wherever information may need to be inserted. You can use the “Edit-Find-[" feature to take you to each insertion point. The body of the document may need to be “Block-Copied” if there is more than one item.
 - C. ***Health or Safety Citation Form-with penalty.dot***. These are the formats to be used to create private sector citations that have a penalty assessed. There are two files - one for safety and one for health.
 - D. ***Health or Safety Citation Form-Zero penalty.dot***. These are the formats to be used to create private sector citations that do not have a penalty assessed. There are two files - one for safety and one for health.

- E. ***Health or Safety Data Sheet.xls***. This is the data sheet that will be used to create the "Health Citation Data Sheet.xls" which will be used as the primary data source for health inspection and complaint data entry.
 - F. ***Penalty Notice.dot***. The penalty notice will be created for each citation that is issued with a penalty assessed.
 - G. ***Public Sector Citation Form.dot***. This is the format to be used to create public sector citations.
 - H. ***Public Sector Data Sheet.xls***. This is the data sheet that will be used to create the "Public Sector Data Sheet.xls" which will be used as the primary data source for public sector inspection and complaint data entry.
- VII. LETTER TEMPLATES.** The following section contains the name of the letter in italics, followed by a brief description of each letter template contained in this instruction.
- A. **COMPLAINT LETTERS. NOTE: Some of the complaint letters begin with "Appx.C" because they originally were taken from Appendix C of CPL 2.115 Complaint Policies and Procedures dated June 14, 1996.**
 - 1. ***Appx. C - Certificate of Posting.dot***. Certificate to be sent to employer. Must be filled out and posted by the employer, according to instructions.
 - 2. ***Appx. C - Closing letter to employer.dot***. Letter used to notify the employer that the complaint is closed.
 - 3. ***Appx. C - Employer notification of complaint.dot***. Letter notifying employer of complaint and advising of his rights and duties.
 - 4. ***Appx. C - First letter to complainant.dot***. Letter sent to complainant notifying him that the company has been told of the complaint and telling him about his rights under T.C.A. §50-3-409.
 - 5. ***Appx. C - Letter to Complainant-Inspection Scheduled.dot***. Letter acknowledging receipt of complaint & scheduling of inspection.
 - 6. ***Appx. C - Post Inspection Letter to Complainant.dot***. Letter sent to the complainant notifying the complainant of an inspection.

7. ***Appx. C - Second letter to complainant.dot.*** Letter advising complainant that inspection is being done and remitting copy of letter received from the employer.
8. ***Appx. C - Second letter to employer.dot.*** Letter sent to employer after receiving no reply to "Employer Notification of Complaint".
9. ***Appx. C - Third letter to Complainant.dot.*** Letter to complainant advising of the employer's response and probable closing of case.
10. ***Complainant - inspection no citation and comments.dot.*** Letter of response to complainant explaining that an inspection was conducted but no cause was found to issue a citation. Includes enclosure with inspectors' comments.
11. ***Complainant - inspection with citation and comments.dot.*** Letter of response to complainant explaining that an inspection was conducted and citations have been issued with inspectors' comments included.
12. ***Complainant - inspection with citation.dot.*** Letter of response to complainant explaining that an inspection was conducted, all items checked or referred with brief disclaimer for unfounded items.
13. ***Complainant - inspection with response.dot.*** Letter of response to complainant explaining that an investigation has been completed by the company.
14. ***Complainant - inspection, no citation, comments and non-discrimination.dot.*** Letter of response to complainant explaining that an inspection was conducted, no citation was issued, inspectors' comments and non-discrimination statement.
15. ***Complainant - letter sent pending response.dot.*** Interim letter of response notifying complainant that a letter has been sent to the company and they have thirty (30) days to respond.
16. ***Employer adequate response.dot.*** This letter is used to acknowledge that an employer's response letter to a complaint letter is adequate.
17. ***Employer complaint letter.dot.*** This letter is used to communicate complaint information to the employer as part of a complaint investigation.

B. INSPECTION LETTERS.

1. ***Employer - inspection No citation and sampling.dot.*** This employer letter communicates the results of an inspection that had no citations issued but did have sampling results.
2. ***Employer - inspection No citation.dot.*** This employer letter communicates the results of an inspection that resulted in no citations issued.
3. ***Employer - inspection with citation and sampling.dot.*** This employer letter communicates the results of an inspection that resulted in the issuance of citations and had sampling results.

C. MISCELLANEOUS LETTERS

1. ***Next Of Kin Fatality Letter.dot.*** This letter is to be sent to each fatality victim's next of kin.
2. ***Next Of Kin Fatality Letter Spanish.dot.*** This letter is a Spanish version of the letter to be sent to each fatality victim's next of kin.
3. ***PMA.dot.*** This letter communicates the results of a petition for modified abatement to the employer.
4. ***Progress report with extension.dot.*** Letter to the employer acknowledging receipt of progress toward abatement and advising of new abatement dates.
5. ***Progress report.dot.*** Letter acknowledging progress toward abatement and sets next reporting date.
6. ***Response to abatement verification with extension.dot.*** This letter is in response to an employer's abatement verification letter and request for an extension on some citation items.

D. PUBLIC SECTOR LETTERS.

1. ***Public sector no citation.dot.*** This letter communicates the result of a public sector monitor visit with no citation.
2. ***Public sector with citation.dot.*** This letter communicates the result of a public sector monitor visit with citation.

APPENDIX A

CITATION TEMPLATES AND DATA TABLES

- 1) **Mail to the Area Office at the address shown on the form.**
- 2) **Use regular First Class mail.**
- 3) **Keep this form as a master and record of submission and make copies as needed.**
- 4) **This form may be used to:**
 - a) **Report progress on correction of items cited.**
 - b) **Request extensions of the time for correction.**
 - c) **File a Notice of Contest.**
- 5) **Examples of how to complete this form:**

A-2

ABATEMENT FORM

Area Supervisor

Tennessee Department of Labor and Workforce Development

Division of Occupational Safety and Health

«Area_Office_Street»

«Area_Office_City», «Area_Office_State» «Area_Office_Zip»

Date _____

SUBMITTED BELOW IS OUR RESPONSE TO THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF YOUR INSPECTION NUMBER: «Insp_No» AND ISSUED TO:

«Estab_Name», «Estab_Mail_Street», «Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature

Job Title

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 FAX: (615)741-3325



Amended Citation and Notification of Penalty

To:
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Reporting ID: «Reporting_ID»

Inspection Site:
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

T.C.A § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require citations (or a copy) to be immediately posted in a prominent place at or near the place where each alleged violation occurred. The amended citation shall remain posted until the alleged violation is corrected or for a minimum of three (3) working days. Failure to post the amended citation(s) subjects the employer to a penalty of \$3,000.00 for each citation not posted. Also failure to tag moveable equipment identified in the citation(s) carries a penalty of \$3,000.00.

Amendments to the original citation(s) are as follows:

CITATION NO. [FOR SERIOUS NONSERIOUS VIOLATION ISSUED ON [IS AMENDED ONLY AS SET FORTH BELOW:

The proposed penalty in the amount of \$[for alleged Violation Item No. [is hereby modified to \$[.

Alleged Violation Item No. [(and the associated proposed penalty in the amount of \$[) is/are hereby deleted in its/their entirety.

Alleged Violation Item No. [is hereby amended to read as follows:

Alleged Violation Item No. [is hereby reduced to Nonserious status and the associated proposed penalty is hereby modified to \$[.

Alleged Violation Item No. [shall hereafter be referred to as (Serious/Nonserious) Violation Item No. [(and the associated proposed penalty is hereby modified to \$[).

The penalty originally assessed for the amount of \$ is hereby amended: the **new total penalty** including both the modified penalties described above and those penalty amounts that were included in the original Citation and Notification of Penalty that have not been modified by this amendment is now \$.

John Winkler, Administrator

Date

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 FAX: (615)741-3325



Citation and Notification of Penalty

To:
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Reporting ID: «Reporting_ID»

Inspection Site:
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

On «Insp_Dates», an inspection of your establishment/workplace was conducted pursuant to Tennessee Code Annotated §§ 50-3-101 – 50-3-918. The enclosed CITATION(s) AND NOTIFICATION(s) OF PENALTY allege violations of standards and/or rules promulgated under the provisions of the Code. These alleged violations must be corrected on or before the date shown to the right of each violation description listed thereon.

Under the code, employers have certain responsibilities and rights regarding citations for alleged violations. These are:

RESPONSIBILITIES:

- (1) T.C.A. § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require citations (or a copy) to be immediately posted in a prominent place at or near the place where each alleged violation occurred. The citation shall remain posted until the alleged violation is corrected or for a minimum of three (3) working days. Failure to post the citation(s) subjects the employer to a penalty of \$3,000.00 for each citation not posted. Also, failure to tag moveable equipment identified in the citation(s) carries a penalty of \$3,000.00.
- (2) Employers should notify the Area Supervisor, Division of Occupational Safety and Health, when correction of each alleged violation(s) has been completed. For items identified in the Citation as “Abatement Verification Required”, the employer must certify that the items have been abated. If certification has not been verified within ten (10) days of the abatement date(s) on this citation, an additional penalty will be proposed. The additional penalty is equal to the original penalty but will not be greater than \$1,000.00. You are to notify the Area Supervisor in writing of the date, the nature of the corrective action taken and a statement that affected employees and their representatives have been informed of the abatement. Not informing employees of the abatement of the items identified as “Abatement Verification Required”, subjects the employer to a penalty of \$3,000.00. If you do not certify abatement of the violation(s), further penalties may be proposed and other enforcement action to compel abatement may be taken under T.C.A. §50-3-404.

- (3) Correction of alleged violation(s) does not excuse you from payment of any penalty(ies) which have become a final order of the Tennessee Occupational Safety and Health Review Commission. Penalty(ies) should be paid by certified check or money order and made payable to: "Treasurer, State of Tennessee" within thirty (30) days following the receipt of the CITATION(s) AND NOTIFICATION(s) OF PENALTY. Please mail payment to the central office address in Nashville:

State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002

RIGHTS:

- (1) You may request an informal conference to discuss the alleged violations and/or penalties. Informal conferences must be held within 20 days of the receipt of this CITATION(s) AND NOTIFICATION(s) OF PENALTY. To schedule an informal conference, call or Fax «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or Fax «Area_Office_Fax».
- (2) You have the right to contest any or all parts of either the citation(s) or the penalty(ies) before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit a letter to the Commissioner of Labor and Workforce Development within twenty (20) calendar days of receipt of the CITATION(s) AND NOTIFICATION(s) OF PENALTY. If you fail to contest within the twenty (20) calendar day period, the citation(s) and penalty(ies) shall be deemed a final order of the Review Commission and not subject to further review by any agency or court. (T.C.A. §§ 50-3-307(b) and 50-3-407 and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-1-4.)
- (3) You have the right to request an extension of the abatement period(s) set forth in the citation(s) when you cannot correct the alleged violation(s) by the prescribed abatement date because of circumstances beyond your control. For information needed in a request for an extension of abatement, contact the Area Supervisor listed below.

If you wish additional information, you may direct such requests «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip», Telephone «Area_Office_Tele», Fax «Area_Office_Fax».



State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES
OF
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the citation(s) and/or penalties. The conference will be held at the TOSHA office located at «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip» at _____(time). Employees and/or representatives of employees have a right to attend an informal conference.

This notice and a copy of the citation(s) must be posted twenty-four (24) hours prior to the meeting. A copy of this notice must be brought to the Informal Conference.

HOW TO USE THE ABATEMENT FORM

- 6) Mail to the Area Office at the address shown on the form.
- 7) Use regular First Class mail.
- 8) Keep this form as a master and record of submission and make copies as needed.
- 9) This form may be used to:
 - a) Report progress on correction of items cited.
 - b) Request extensions of the time for correction.
 - c) File a Notice of Contest.
- 10) Examples of how to complete this form:

Citation & Item #	Date Corrected	*** HOW CORRECTED
1/1	02/16/01	(Safety) Gate-type barrier guard installed. Press will not operate unless gate is closed.
1/1a	02/16/01	(Health) A respirator (A O Model R 4055 with a HEPA filter) has been issued to the spray painter at No. 1 spray booth. Wearing of the respirator is mandatory while spraying. Attached is a copy of our written respirator program which covers minimum acceptable requirements as listed in 29 CFR 1910.134.
2/1	PROGRESS REPORT	(Safety) New ladders on order. Old ladder removed from use. Expect correction to be complete by 03/15/01. (Health) Backflow preventers have been ordered and should be installed on fresh water lines to the plating tanks by 03/15/01.
2/2	REQUEST EXTENSION OF ABATEMENT PERIOD EXAMPLES	When requesting an extension of abatement time, the following information must be provided and such request must be submitted no later than one (1) day following the abatement date listed on the Citation Notification of Penalty. a. What has been done to date to correct? b. Explain factors beyond your control which have delayed correction of the item. c. Request extension to a specific date. d. State interim measures being taken to safeguard employees of the hazard until it can be corrected. e. Certify that a copy of the request was posted or given to employees or their representative and the date posted or served and that employees have been informed of their right to contest the requested extension. (Safety) We ordered self-closing valves on 12/15/00 (P.O. #763) and were informed they would be shipped 12/16/00. Request extension to 03/15/01. As an interim safety precaution, we temporarily moved this drum of liquid outside the plant. (Health) We ordered deluge showers on 12/15/00 (P.O. #76) and were informed that they would be shipped 12/16/00. Request extension until 01/17/01. As an interim safety precaution, we temporarily provided rubber water hoses at faucets near the plating tanks. Personal protective equipment is mandatory for this area. I certify that a copy of this request was posted on the employee's bulletin board on (date) and that employees have been informed of their rights under the Act.
2/3	NOTICE OF CONTEST	We hereby submit formal notice that we are contesting this alleged violation and the proposed penalty (if any).
2/4	02/10/01	(Safety) Guard rail installed (Health) Eye wash installed by acid mixing station.

ABATEMENT FORM

Area Supervisor

Tennessee Department of Labor and Workforce Development

Division of Occupational Safety and Health

«Area_Office_Street»

«Area_Office_City», «Area_Office_State» «Area_Office_Zip»

Date _____

SUBMITTED BELOW IS OUR RESPONSE TO THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE
RESULT OF YOUR INSPECTION NUMBER: «Insp_No» AND ISSUED TO:

«Estab_Name», «Estab_Mail_Street», «Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature

Job Title

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Issuance Date:



Citation and Notification of Penalty

Company Name: «Estab_Name»
Inspection Site: «Estab_Site_Street»,
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

Citation 1 Item 1 Type of Violation: Nonserious

Date By Which Violation Must Be Abated:
Proposed Penalty:

John Winkler, Administrator
Division of Occupational Safety and Health

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 FAX: (615)741-3325



Citation and Notification of Penalty

To:
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Reporting ID: «Reporting_ID»

Inspection Site:
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

The violation(s) described in this Citation and Notification of Penalty is (are) alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

On «Insp_Dates», an inspection of your establishment/workplace was conducted pursuant to Tennessee Code Annotated §§ 50-3-101 – 50-3-918. The enclosed CITATION(s) AND NOTIFICATION(s) OF PENALTY allege violations of standards and/or rules promulgated under the provisions of the Code. These alleged violations must be corrected on or before the date shown to the right of each violation description listed thereon.

Under the code, employers have certain responsibilities and rights regarding citations for alleged violations. These are:

RESPONSIBILITIES:

- (4) T.C.A § 50-3-307(a)(4) and Department of Labor and Workforce Development Rules require citations (or a copy) to be immediately posted in a prominent place at or near the place where each alleged violation occurred. The citation shall remain posted until the alleged violation is corrected or for a minimum of three (3) working days. Failure to post the citation(s) subjects the employer to a penalty of \$3,000.00 for each citation not posted. Also, failure to tag moveable equipment identified in the citation(s) carries a penalty of \$3,000.00.
- (5) Employers should notify the Area Supervisor, Division of Occupational Safety and Health, when correction of each alleged violation(s) has been completed. For items identified in the Citation as “Abatement Verification Required”, the employer must certify that the items have been abated. If certification has not been verified within ten (10) days of the abatement date(s) on this citation, an additional penalty will be proposed. The additional penalty is equal to the original penalty but will not be greater than \$1,000.00. You are to notify the Area Supervisor in writing of the date, the nature of the corrective action taken and a statement that affected employees and their representatives have been informed of the abatement. Not informing employees of the abatement of the items identified as “Abatement Verification Required”, subjects the employer to a penalty of \$3,000.00. If you do not certify abatement of the violation(s), further penalties may be proposed and other enforcement action to compel abatement may be taken under T.C.A. §50-3-404.

- (6) Correction of alleged violation(s) does not excuse you from payment of any penalty(ies) which have become a final order of the Tennessee Occupational Safety and Health Review Commission. Penalty(ies) should be paid by certified check or money order and made payable to: "Treasurer, State of Tennessee" within thirty (30) days following the receipt of the CITATION(s) AND NOTIFICATION(s) OF PENALTY. Please mail payment to the central office address in Nashville:

State of Tennessee, Department of Labor and Workforce Development
Division of Occupational Safety and Health
Attn: Penalty Payments
220 French Landing Drive
Nashville, TN 37243-1002

RIGHTS:

- (4) You may request an informal conference to discuss the alleged violations and/or penalties. Informal conferences must be held within 20 days of the receipt of this CITATION(s) AND NOTIFICATION(s) OF PENALTY. To schedule an informal conference, call or Fax «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor at telephone «Area_Office_Tele» or Fax «Area_Office_Fax».
- (5) You have the right to contest any or all parts of either the citation(s) or the penalty(ies) before the Tennessee Occupational Safety and Health Review Commission. If you choose to contest, you must submit a letter to the Commissioner of Labor and Workforce Development within twenty (20) calendar days of receipt of the CITATION(s) AND NOTIFICATION(s) OF PENALTY. If you fail to contest within the twenty (20) calendar day period, the citation(s) and penalty(ies) shall be deemed a final order of the Review Commission and not subject to further review by any agency or court. (T.C.A. §§ 50-3-307(b) and 50-3-407 and Tennessee Department of Labor and Workforce Development Rules Chapter 0800-1-4.)
- (6) You have the right to request an extension of the abatement period(s) set forth in the citation(s) when you cannot correct the alleged violation(s) by the prescribed abatement date because of circumstances beyond your control. For information needed in a request for an extension of abatement, contact the Area Supervisor listed below.

If you wish additional information, you may direct such requests «Supervisor_F_Name» «Supervisor_L_Name», Area Supervisor, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health, «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip», Telephone «Area_Office_Tele», FAX «Area_Office_Fax».



State of Tennessee
Department of Labor and Workforce Development
Division of Occupational Safety and Health (TOSHA)

**NOTICE TO EMPLOYEES
OF
INFORMAL CONFERENCE**

An informal conference has been scheduled with TOSHA to discuss the citation(s) and/or penalties. The conference will be held at the TOSHA office located at «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip» at _____(time). Employees and/or representatives of employees have a right to attend an informal conference.

This notice and a copy of the citation(s) must be posted twenty-four (24) hours prior to the meeting. A copy of this notice must be brought to the Informal Conference.

HOW TO USE THE ABATEMENT FORM

- 11) Mail to the Area Office at the address shown on the form.
- 12) Use regular First Class mail.
- 13) Keep this form as a master and record of submission and make copies as needed.
- 14) This form may be used to:
 - a) Report progress on correction of items cited.
 - b) Request extensions of the time for correction.
 - c) File a Notice of Contest.
- 15) Examples of how to complete this form:

Citation & Item #	Date Corrected	*** HOW CORRECTED
1/1	02/16/01	(Safety) Gate-type barrier guard installed. Press will not operate unless gate is closed.
1/1a	02/16/01	(Health) A respirator (A O Model R 4055 with a HEPA filter) has been issued to the spray painter at No. 1 spray booth. Wearing of the respirator is mandatory while spraying. Attached is a copy of our written respirator program which covers minimum acceptable requirements as listed in 29 CFR 1910.134.
2/1	PROGRESS REPORT	(Safety) New ladders on order. Old ladder removed from use. Expect correction to be complete by 03/15/01. (Health) Backflow preventers have been ordered and should be installed on fresh water lines to the plating tanks by 03/15/01.
2/2	REQUEST EXTENSION OF ABATEMENT PERIOD EXAMPLES	When requesting an extension of abatement time, the following information must be provided and such request must be submitted no later than one (1) day following the abatement date listed on the Citation Notification of Penalty. a. What has been done to date to correct? b. Explain factors beyond your control which have delayed correction of the item. c. Request extension to a specific date. d. State interim measures being taken to safeguard employees of the hazard until it can be corrected. e. Certify that a copy of the request was posted or given to employees or their representative and the date posted or served and that employees have been informed of their right to contest the requested extension. (Safety) We ordered self-closing valves on 12/15/00 (P.O. #763) and were informed they would be shipped 12/16/00. Request extension to 03/15/01. As an interim safety precaution, we temporarily moved this drum of liquid outside the plant. (Health) We ordered deluge showers on 12/15/00 (P.O. #76) and were informed that they would be shipped 12/16/00. Request extension until 01/17/01. As an interim safety precaution, we temporarily provided rubber water hoses at faucets near the plating tanks. Personal protective equipment is mandatory for this area. I certify that a copy of this request was posted on the employee's bulletin board on (date) and that employees have been informed of their rights under the Act.
2/3	NOTICE OF CONTEST	We hereby submit formal notice that we are contesting this alleged violation and the proposed penalty (if any).
2/4	02/10/01	(Safety) Guard rail installed (Health) Eye wash installed by acid mixing station.

ABATEMENT FORM

Area Supervisor

Tennessee Department of Labor and Workforce Development

Division of Occupational Safety and Health

«Area_Office_Street»

«Area_Office_City», «Area_Office_State» «Area_Office_Zip»

Date _____

SUBMITTED BELOW IS OUR RESPONSE TO THE ALLEGED VIOLATION(S) LISTED ON THE CITATION(S) AS THE RESULT OF YOUR INSPECTION NUMBER: «Insp_No» AND ISSUED TO:

«Estab_Name», «Estab_Mail_Street», «Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Citation & Item #	Date Corrected	How Corrected

A COPY OF THE CITATION(S) WAS (WERE) POSTED AS REQUIRED BY TENNESSEE CODE ANNOTATED §50-3-307(a)(4).

Employer Official's Signature

Job Title

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health

Inspection Number: «Insp_No»
Inspection ID: «CSHO_ID»-«Opt_Insp_No»
Inspection Date(s): «Insp_Dates»
Issuance Date:



Citation and Notification of Penalty

Company Name: «Estab_Name»
Inspection Site: «Estab_Site_Street»,
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

Citation 1 Item 1 Type of Violation: Nonserious

Date By Which Violation Must Be Abated:
Proposed Penalty: \$00.00

SUMMARY OF PROPOSED PENALTIES

Summary of Penalties for Inspection Number «Insp_No»

Citation 1, Nonserious	= \$	0.00
TOTAL PROPOSED PENALTIES	= \$	0.00

John Winkler, Administrator
Division of Occupational Safety and Health

See pages 1 through 5 of this Citation and Notification of Penalty for information on employer and employee rights and responsibilities.

State of Tennessee

Department Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 FAX: (615)741-3325



PENALTY NOTICE

Company Name: «Estab_Name»
Inspection Site: «Estab_Site_Street», «Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

Pursuant to (T.C.A. § 50-3-107) interest and delinquent charges will be assessed for all unpaid fines over thirty (30) days. Interest charges will be assessed at an interest rate established pursuant to T.C.A. § 67-1-801(a)(1) on all penalty debt amounts not paid within thirty (30) calendar days of the date on which the debt becomes due and payable. A debt is considered delinquent if it has not been paid within thirty (30) calendar days of the issue date on the citation. In addition to the interest applied, a delinquent penalty of ten percent (10%) will be assessed for each fine unpaid at thirty (30), sixty (60), and ninety (90) days for a maximum of thirty percent (30%). A fine unpaid at 180 days will be referred to the state attorney general for disposition.

Summary of Penalties for Inspection Number «Insp_No»

Citation 1, Serious	=	\$
TOTAL PROPOSED PENALTIES	=	\$

John Winkler, Administrator

Date

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health
220 French Landing Drive
Nashville, TN 37243-1002
Phone: (615)741-2793 FAX: (615)741-3325



Notice of Unsafe or Unhealthful Working Conditions

To:

«Agency_Head_Sal» «Agency_Head_Fname»
«Agency_Head_Lname», «Agency_Head_Title»
«Estab_Name»
and its successors
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Inspection Number: «Insp_No»

Inspection ID: «CSHO_ID» - «Opt_Insp_No»

Inspection Date(s): «Insp_Dates»

Reporting ID: «Reporting_ID»

Inspection Site:

«Estab_Name»
«Estab_Site_Street»
«Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

The violation(s) described in this Notice are alleged to have occurred on or about the day(s) the inspection was made unless otherwise indicated within the description given below.

ATTN: «Safety_Dir_Fname» «Safety_Dir_Lname», «Safety_Dir_Title»

On «Insp_Dates» a monitoring visit of your establishment/workplace was conducted by «CSHO_F_Name» «CSHO_L_Name» pursuant to the Tennessee Code Annotated. The enclosed report contains the results of that visit. The report may contain violation(s) of standards and/or rules promulgated under the provisions of this Code. These alleged violations must be corrected on or before the date shown beneath each violation description listed thereon.

EMPLOYER RESPONSIBILITIES:

- (1) The Department of Labor and Workforce Development Rules require this Notice (or a copy) to be immediately posted in a prominent place at or near the place where each alleged violation occurred. The Notice shall remain posted until the alleged violation is corrected or for a minimum of three (3) working days.
- (2) Employers should notify the Manager, Public Sector Programs, Division of Occupational Safety and Health, when correction of each alleged violation(s) has been completed. Enclosed are copies of Appendix A (instructions) and Appendix B for reporting the action you have taken to correct the violation(s). For items identified in the Notice as "Abatement Verification Required", the employer must certify that the items have been abated. This certification requires additional documentation such as photographs, receipts, work orders, etc. be provided to verify the corrective action taken. You are to notify the Manager in writing of the date, the nature of the corrective action taken and a statement that affected employees and their representatives have been informed of the abatement.

RIGHTS:

- (7) You may request an informal conference to discuss the alleged violation(s) with the Manager, Public Sector Programs. Informal conferences must be held within 20 days of the receipt of this Notice. To schedule an informal conference, call or Fax the Manager, Public Sector Programs at telephone (615) 741-2793 or Fax (615) 741-3325.

- (8) You have the right to request an extension of the abatement period(s) when you cannot correct the alleged violation(s) by the prescribed abatement date because of circumstances beyond your control. For information needed in a request for an extension of abatement, contact the Manager.

If you wish additional information, you may direct such requests to the Administrator, Tennessee Department of Labor and Workforce Development, Division of Occupational Safety and Health at the address above, Telephone: (615) 741-3161, or to the, Manager, Public Sector Programs, Division of Occupational Safety and Health at (615) 741-2793.

VIOLATION(s) ENCLOSED

<u>Type</u>	<u>Number</u>
Serious	
Non-Serious	

State of Tennessee

Department of Labor and Workforce Development
Division of Occupational Safety and Health

Inspection Number:

«Insp_No»

Inspection Date(s):

«Insp_Dates»

Issuance Date

CSHO ID:

«CSHO_ID» -

Optional Inspection No

«Opt_Insp_No»



Notice of Unsafe or Unhealthful Working Conditions

Company Name: «Estab_Name»

Inspection Site: «Estab_Site_City», «Estab_Site_State» «Estab_Site_Zip»

Violation 1 Item 1 Type of Violation: **NonSerious**

Date By Which Violation Must Be Abated:

Ronald Rich, Manager of Public Sector Operations
Division of Occupational Safety and Health

Health or Safety Data Sheet - Field Information

Column/Field Name Information Entered in Column/Field

Insp_No TOSHA 1 Inspection Number
 Insp_Date(s) Opening Conference Date
 CSHO_ID Inspector/Compliance Officer OSHA ID
 Opt_Insp_No Consecutive FY Optional Inspection Number
 CSHO_F_Name Compliance Officer's First Name
 CSHO_L_Name Compliance Officer's Last Name
 Estab_Name Establishment Named in Complaint, Referral or Inspection
 Estab_Site_Street Site Street Address
 Estab_Site_City Site City
 Estab_Site_State Site State (Will always be TN so this field may be pre-filled when new sheet is created)
 Estab_Site_Zip Site Zip Code
 Estab_Mail_Street Mailing Address - Street
 Estab_Mail_City Mailing Address - City
 Estab_Mail_State Mailing Address - State
 Estab_Mail_Zip Mailing Address - Zip
 Contact_Sal Contact Person (Mr - Mrs - Ms)
 Contact_F_Name Contact Person First Name
 Contact_L_Name Contact Person Last Name
 Contact_title Contact Person Job Title
 Supervisor_F_Name Area Office Supervisor's First Name (Pre-fill for each supervisor's sheet if appropriate)
 Supervisor_L_Name Area Office Supervisor's Last Name (Pre-fill)
 Area_Office_Street Area Office Street Address (Pre-fill)
 Area_Office_City Area Office City (Pre-fill)
 Area_Office_State Area Office State (Pre-fill)
 Area_Office_Zip Area Office Zip (Pre-fill)
 Area_Office_Tele Area Office Telephone Number (Pre-fill)
 Area_Office_Fax Area Office FAX Number (Pre-fill)
 Reporting_ID Area Office RID (Pre-fill)
 Compl_No Complaint Number (if the file originates from a complaint)
 Compl_Rec_Date Complaint Received Date
 Complnt_Sal Complainant (Mr - Mrs - Ms)
 Complnt_F_Name Complainant First Name
 Complnt_L_Name Complainant Last Name
 Complnt_Street Complainant Street
 Complnt_City Complainant City
 Complnt_State Complainant State
 Complnt_Zip Complainant Zip

Public Sector Data Sheet Field Information

Public Sector Data Sheet - Field Information

Column/Field Name	Information Entered in Column/Field
Insp_No.....	TOSHA 1 Inspection Number
Insp_Date(s).....	Opening Conference Date
CSHO_ID	Inspector/Compliance Officer OSHA ID
Opt_Insp_No.....	Consecutive FY Optional Inspection Number
CSHO_F_Name	Compliance Officer's First Name
CSHO_L_Name	Compliance Officer's Last Name
Agency_Head_Sal.....	Head of Agency or Program (Mr, Mrs, Ms)
Agency_Head_Fname.....	Head of Agency or Program First Name
Agency_Head_Lname.....	Head of Agency or Program Last Name
Agency_Head_Title	Head of Agency or Program Title
Safety_Dir_Sal.....	Safety Director of Agency or Program (Mr, Mrs, Ms)
Safety_Dir_Fname	Safety Director of Agency or Program First Name
Safety_Dir_Lname	Safety Director of Agency or Program Last Name
Safety_Dir_Title	Safety Director of Agency or Program Title
Estab_Name	Establishment Named in Complaint, Referral or Inspection
Estab_Site_Street	Site Street Address
Estab_Site_City	Site City
Estab_Site_State	Site State (Will always be TN so this field may be pre-filled when new sheet is created)
Estab_Site_Zip.....	Site Zip Code
Estab_Mail_Street.....	Mailing Address - Street
Estab_Mail_City	Mailing Address - City
Estab_Mail_State	Mailing Address - State
Estab_Mail_Zip	Mailing Address - Zip
Reporting_ID	Area Office RID (Pre-fill)
Compl_No.....	Complaint Number (if the file originates from a complaint)
Compl_Rec_Date.....	Complaint Received Date
Complnt_Sal	Complainant (Mr - Mrs - Ms)
Complnt_F_Name.....	Complainant First Name
Complnt_L_Name	Complainant Last Name
Complnt_Street	Complainant Street
Complnt_City	Complainant City
Complnt_State	Complainant State
Complnt_Zip	Complainant Zip

APPENDIX B
LETTER TEMPLATES

CERTIFICATE OF POSTING
TOSHA NOTIFICATION OF ALLEGED HAZARD(S)

RE: Complaint No. «Compl_No»

Date of Posting: _____

Date Copy Given to an Employee
Representative (If Applicable): _____

On behalf of the employer, I certify that a copy of the complaint letter received from the Tennessee Department of Labor and Workforce Development, Tennessee Occupational Safety and Health Administration (TOSHA), has been posted in a conspicuous place, where all affected employees will have notice, or near such location where the alleged hazardous condition(s) occurred, and such notice has been given to each authorized representative of affected employees, if any. This notice was or will be posted for a minimum of ten (10) working days or until any hazardous conditions found are corrected.

(Signature)

(Title)

(Employer/Establishment Name)

October 5, 2007

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

RE: Complaint «Compl_No»

Dear «Contact_Sal» «Contact_L_Name»:

On , the Tennessee Occupational Safety and Health Administration (TOSHA) notified you of alleged safety and/or health hazards at your worksite. Your response to these allegations was received in the Area Office on .

Based on our review of the information you provided in your response to these alleged hazards, we have determined that our file on this matter can be closed, and no further action on this complaint is anticipated at this time.

Please note, however, that the complainant will also be given the opportunity to review the information provided in your response. If the complainant disputes the accuracy of the response, it may be necessary for TOSHA to contact you for additional information or documentation of corrective action in order to resolve these issues. In some situations, it may be necessary to conduct an inspection of your workplace.

We appreciate your prompt response to these allegations, and your interest in the safety and health of your employees. Please feel free to contact this office if we can be of additional assistance to you.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor
October 5, 2007

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

RE: «Compl_No»

June 22, 2005

TOSHA Instruction IRT-TN 01-00-01

COMPLAINT LETTERS

Appx. C - Employer Notification of Complaint.dot

Dear «Contact_Sal» «Contact_L_Name»:

On «Compl_Rec_Date», the Tennessee Occupational Safety and Health Administration (TOSHA) received notice of safety and health hazards at your worksite. We notified you, by telephone/telefax, of these alleged hazards on . The specific nature of the alleged hazards is as follows:

We have not determined whether the hazards, as alleged, exist at your workplace, and we do not intend to conduct an inspection at this time. However, since allegations of violations have been made, we request that you immediately investigate the alleged conditions and make any necessary corrections or modifications. Please advise me in writing, no later than five (5) days from receipt of this letter, of the results of your investigation. You must provide supporting documentation of your findings, including any applicable measurements or monitoring results, and photographs which you believe would be helpful, as well as a description of any corrective action you have taken or are in the process of taking.

This letter is not a citation or a notification of proposed penalty which, according to the Tennessee Occupational Safety and Health Act of 1972, as amended, may be issued only after an inspection of the workplace. It is our goal to assure that hazards are promptly identified and eliminated. Please take immediate corrective action where needed. We encourage employee participation in investigating and responding to any alleged hazard. **If we do not receive a response from you by five (5) days from receipt of this letter indicating that appropriate action has been taken or that no hazard exists and why, a TOSHA inspection will likely be conducted.** An inspection may include a review of the following:

- Injury and illness records;
- Hazard communication program;
- Emergency action and response program;
- Personal protective equipment assessment and program; and
- Any other safety or health related issues.
- Confined space entry;
- Lockout/tagout program;
- Bloodborne pathogens;

Please note, however, that TOSHA selects for inspection, on a random basis, some cases where we have received letters in which employers have indicated satisfactory corrective action. This is to ensure that employers have actually taken the action stated in their letters.

The State of Tennessee offers TOSHA consultation services without charge, to assist in resolving all occupational safety and health issues. However, the variety of services available or the scheduling of those services may be limited by the Division of Consultative Services' requirement to give priority to small businesses in high hazard industries and by its backlog. To discuss or request the consultation services call (615) 741-7155 or 1-800-249-8510.

You are requested to post a copy of this letter where it will be readily accessible for review by all of your employees and return a copy of the signed Certificate of Posting (Attachment A) to this office. In addition, you are requested to provide a copy of this letter and your response to a representative or any recognized union or safety committee if these are at your facility. Failure to do so may result in an on-site inspection.

The complainant has been furnished a copy of this letter and will be provided a copy of your response. Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety and health activity.

If you have any questions concerning this matter, please contact «Supervisor_F_Name» «Supervisor_L_Name» at «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip», telephone: «Area_Office_Tele». Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

Attachment:

October 5, 2007

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

In response to your complaint of safety and health hazards at «Estab_Name», the Tennessee Occupational Safety and Health Administration (TOSHA) has notified «Contact_Sal» «Contact_F_Name» «Contact_L_Name» requesting that the appropriate action be taken to correct the situation. Enclosed is a copy of that letter for your information.

We have not revealed your identity to the employer. However, state law does not protect your name from being revealed unless you specifically request that it not be revealed. If you have not already stated that you do not want your name revealed, please let us know that fact as soon as possible. When we receive additional information from the employer, a copy of the response will be sent to you.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety and health related activity. If you believe that you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA. You should file such a complaint as soon as possible since TOSHA normally can only accept complaints filed within thirty (30) days of the alleged discriminatory action.

Your continued interest in workplace safety and health is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

Enclosure

October 5, 2007

«Complnt_Sal»«Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

The purpose of this letter is to acknowledge receipt of your complaint, and to inform you that an inspection of the workplace complained about will be scheduled, as soon as possible, in accordance with the priorities established by the agency. You will be informed of the results of our inspection when they are available.

Tennessee Code Annotated, Section 50-3-409, provides protection for employees against discrimination or discharge because of their involvement in protected safety or health activity. If you believe that you have been or are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA and/or OSHA. You should file such a complaint as soon as possible, since TOSHA and OSHA normally can accept only those complaints filed **within thirty (30) days of the alleged discriminatory action/discharge.**

Complaints alleging violation of T.C.A. §50-3-409 should be filed with the Assistant Administrator, Tennessee Department of Labor and Workforce Development - TOSHA, 220 French Landing Drive, Nashville, TN 37243-1002, Telephone: 615-741-7161 or 1-800-249-8510. Thank you for your interest in workplace safety and health.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

October 5, 2007

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

RE: Complaint # «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

In response to your complaint concerning health hazards at «Estab_Name» in «Estab_Site_City», Tennessee, the Tennessee Occupational Safety and Health Administration (TOSHA) conducted an inspection. That inspection was completed on «Insp_Dates». The results of our inspection of your complaint items are as follows:

Attached for your information, is a copy of the TNOSHA-2, Citation and Notification of Penalty, which was sent to your employer, and should have been posted at the workplace for at least three (3) days after receipt.

Tennessee Code Annotated, § 50-3-409, provides protection for employees against discrimination or discharge because of involvement in protected safety and health related activity. If you believe that you are being treated differently or action is being taken against you because of your safety or health activity, you may file a complaint with TOSHA and/or OSHA. You should file such a complaint as soon as possible since TOSHA and OSHA normally can only accept complaints filed within thirty (30) days of the alleged discriminatory action/discharge as you were informed in our previous letter.

Thank you for your concern for a safe and healthy workplace.

Sincerely,

«Supervisor_F_Name»«Supervisor_L_Name»
Area Supervisor

Enclosure

October 5, 2007

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City»«Complnt_State» «Complnt_Zip»

RE: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

We have been advised by «Estab_Name», that the hazards about which you complained are presently being investigated. Enclosed is a copy of the letter received from the employer.

The Tennessee Occupational Safety and Health Administration has requested that the employer submit written notification to us when all corrective action has been completed.

A copy of the employer's response will be forwarded to you for your information as soon as we receive it.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

Enclosure

October 5, 2007

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

RE: «Compl_No»

Dear «Contact_Sal» «Contact_L_Name»:

On, this office sent you a letter concerning alleged occupational safety and health hazards at your establishment. A copy of the letter is enclosed.

We have not received a reply from you concerning these allegations. Please advise this office of your findings and of any corrective action you have taken within 5 working days of receipt of this letter. If we do not hear from you, an inspection may be scheduled.

TOSHA selects for inspection a random sample of cases in which employers have indicated satisfactory corrective action. This policy has been established to ensure that employers have actually taken the action asserted in their letters.

If you have any questions concerning this matter, please contact «Supervisor_F_Name» «Supervisor_L_Name» at «Area_Office_Tele». Your cooperation in this matter is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

Enclosure

October 5, 2007

«Complnt_Sal»«Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

«Estab_Name» has advised me that the hazards you complained about have been investigated. A copy of the employer's letter is enclosed.

With this information, TOSHA feels the case can be closed on the grounds that the hazardous conditions have been corrected or no longer exist. If you do not agree that the hazards you complained about have been satisfactorily abated, please contact us within five (5) days of receipt of this letter. If we do not hear from you within that time, we will assume that the hazard has been corrected or eliminated, and will take no further action with respect to this case.

Your action on behalf of safety and health in the workplace is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

June 22, 2005

TOSHA Instruction IRT-TN 01-00-01

COMPLAINT LETTERS

Complainant - inspection no citation and comments.dot

October 5, 2007

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

This will acknowledge your complaint against «Estab_Name» of «Estab_Site_City». This complaint resulted in an inspection on «Insp_Dates». No cause was found during the course of this inspection to issue a citation for the items listed on the complaint. Please find enclosed a copy of the inspector's results.

If you would like to discuss this matter further please feel free to contact me at «Area_Office_Tele».

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

October 5, 2007

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

Your complaint alleging violations of the Tennessee Occupational Safety and Health Act at «Estab_Name» at «Estab_Site_Street» in «Estab_Site_City», Tennessee, was received in our office on «Compl_Rec_Date».

On «Insp_Dates», an inspection (Inspection No.: «Insp_No») was conducted at the facility by «CSHO_F_Name» «CSHO_L_Name» of our staff to determine if there were any violations of the Act. A copy of the citations issued to the company are enclosed.

The items on your complaint were evaluated as follows:

T.C.A. § 50-3-409 states "That no person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint...or because of the exercise by such employee on behalf of himself or others of any right afforded by the Act". TOSHA must be notified within thirty (30) days of the alleged discrimination.

Thank you for your cooperation in this program.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

Enclosure

October 5, 2007

«Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

This will acknowledge your complaint against «Estab_Name» of «Estab_Site_City», «Estab_Site_State». This complaint resulted in an inspection on «Insp_Dates», and subsequent issuance of a citation.

The enclosed copy of the citation is for your reference and convenience, and presents our disposition of the items (hazards) which you referred to in your complaint. You may be assured that all items were either checked by our inspector, or referred to the appropriate authority. Likewise, if an item which you complained about does not appear under the description of the alleged violations, you may assume there was no applicable standard, or that we could not document exposure.

If you desire a hearing with the Commissioner of Labor and Workforce Development or his representative concerning the results of this inspection, please feel free to contact me.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

October 5, 2007

«Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

In response to your complaint concerning hazards at «Estab_Name», we have sent a letter to the company requesting that appropriate action be taken to correct the situation. We have been advised by «Contact_Sal» «Contact_L_Name», that the hazards you have complained about have been investigated by the company.

If you do not agree that the hazards you complained about have been satisfactorily corrected, please contact us within the next ten (10) days. If we do not hear from you within that time, we will assume that the hazard has been corrected or eliminated and will close our case file with no inspection.

Your action on behalf of safety and health in the workplace is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

June 22, 2005

TOSHA Instruction IRT-TN 01-00-01

COMPLAINT LETTERS

Complainant - inspection, no citation, comments and non-discrimination.dot

October 5, 2007

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Re: «Compl_No»

Dear «Complnt_Sal» «Complnt_L_Name»:

Your complaint alleging violations of the Tennessee Occupational Safety and Health Act at «Estab_Name» at «Estab_Site_Street» in «Estab_Site_City», «Estab_Site_State» was received in our office on «Compl_Rec_Date».

On «Insp_Dates», an occupational safety and health inspection (Inspection Number: «Insp_No») was conducted at the facility by «CSHO_F_Name» «CSHO_L_Name» of our staff to determine if there were any violations of the Act. No citations will be issued as a result of this inspection.

The items on your complaint were evaluated as follows:

T.C.A. §50-3-409 states "That no person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint...or because of the exercise by such employee on behalf of himself or others of any right afforded by the Act." TOSHA must be notified within thirty (30) days of the alleged discrimination.

Your continued interest in workplace safety and health is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

October 5, 2007

«Complnt_Sal» «Complnt_F_Name» «Complnt_L_Name»
«Complnt_Street»
«Complnt_City», «Complnt_State» «Complnt_Zip»

Dear «Complnt_Sal» «Complnt_L_Name»:

In response to your complaint concerning hazards at «Estab_Name», we have sent a letter to «Contact_Sal» «Contact_F_Name» «Contact_L_Name» requesting that appropriate action be taken to correct the situation. Enclosed is a copy of that letter for your information.

As the letter indicates, the employer has been given 5 calendar days to correct the hazard. Please notify us if no correction has been made within 5 days. We have not revealed your identity to the employer. When we receive any information from the employer, we will notify you of the response.

T.C.A. §50-3-409 states "That no person shall discharge or in any manner discriminate against any employee because such employee has filed any complaint...or because of the exercise by such employee on behalf of himself or others of any right afforded by the Act." TOSHA must be notified within thirty (30) days of the alleged discrimination.

Your continued interest in workplace safety and health is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

October 5, 2007

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

RE: Complaint «Compl_No»

Dear «Contact_Sal» «Contact_L_Name»:

This will acknowledge receipt of your letter, dated , responding to the alleged complaints at your facility. Your response indicated that the complaint item(s) have been addressed. This will close the complaint file with no inspection at this time.

Thank you for cooperation in this program. Please call us, if you have any questions.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

June 22, 2005
COMPLAINT LETTERS
Employer complaint letter.dot
October 5, 2007

TOSHA Instruction IRT-TN 01-00-01

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: «Compl_No»

Dear «Contact_Sal» «Contact_L_Name»:

On «Compl_Rec_Date», the Tennessee Occupational Safety and Health Administration (TOSHA) received a complaint concerning hazards at your worksite at «Estab_Site_Street» in «Estab_Site_City», Tennessee. The specific nature of the complaint involves the following:

We have not determined whether the hazards, as alleged, exist at your workplace; and we are not conducting an inspection at this time. However, since allegations of violations have been made, you should investigate the alleged conditions and make any necessary corrections or modifications. Within 5 working days or less of your receipt of this letter, please advise us in writing of your findings and of the action you have taken. Your response should be detailed, stating specifically what action you have taken to correct any hazards. You should enclose any supporting documentation on the action you have taken, such as monitoring results, new equipment, orders and the like, as well as photographs of the corrected condition. Please send your response to «Supervisor_F_Name»«Supervisor_L_Name», Area Supervisor, «Area_Office_Street», «Area_Office_City», «Area_Office_State» «Area_Office_Zip».

This letter is not a citation nor is it a notification of proposed penalty which according to the Tennessee Occupational Safety and Health Act (T.C.A. §50-3-101 through 50-3-919), may be issued only after an inspection or investigation of the workplace. If we do not receive a response from you within 5 working days indicating that appropriate action has been taken or that no hazard exists and why, an inspection may be conducted. In addition, it is our policy to select for inspection a random sample of cases where we have received letters in which employees have indicated satisfactory corrective action to assure that the employer has actually taken the action asserted in his letter.

Finally, any action taken by you in this matter will not automatically remove your workplace from the possibility of an unannounced inspection by duly authorized representatives of TOSHA in accordance with routine scheduling procedures currently in effect.

You are requested to post a copy of this letter and your responses to it where it will be readily accessible for review by all your employees.

If you have any questions concerning this matter, please contact our office at «Area_Office_Tele». Your personal support and interest in the safety and health of your employees is appreciated.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

October 5, 2007

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Dear «Contact_Sal» «Contact_L_Name»:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, an inspection (Inspection No.: «Insp_No») was conducted on «Insp_Dates» by «CSHO_F_Name». No citations were issued as a result of this inspection.

As a part of the inspection, personal monitoring of employees was conducted. The results of that monitoring are attached for your use and information. The Occupational Safety and Health Standard for General Industry 29 CFR 1910.1020 requires the employer to maintain these records and provide employee exposure data to the employee upon request. If an overexposure has occurred for which a citation was issued, T.C.A. § 50-3-203(c)(2) requires the employee be notified.

Our primary concern is to insure the safety and well-being of the workers of this state. We hope you share in this concern. To assist employers with their safety and health programs, we have resources available through our Education and Training Branch and Consultative Services Branch without cost, and without citation or sanction. Also, should you have a question concerning the standards, our Standards Branch is available to answer your question or provide an interpretation. To avail yourselves of these services, please do not hesitate to write, or telephone «Area_Office_Tele».

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

INSPECTION LETTERS

Employer - inspection No citation and sampling.dot

AIR SAMPLING DATA

AREA/OPERATION/EMPLOYEE	AIR CONTAMINANT	LIMIT ¹	SAMPLING RESULTS

¹ Permissible Exposure Limit² Short-Term Exposure Limit³ Ceiling Limit⁴ Excursion Limit⁵ Action Level

NOTE: The measured exposures are expressed in parts air contaminant per million parts of air(ppm) in milligrams of air contaminant per cubic meter of air(mg/M³) in fibers of asbestos per cubic centimeter of air (f/cc).

NOISE SAMPLING DATA

AREA/OPERATION/EMPLOYEE	LIMIT ¹	EXPOSURE (Cn/Tn)	dBA

¹ The Limit for Noise Exposure is 1.00 (summation of Cn/Tn) or an equivalent sound level of 90 dBA for an 8-hour Time-weighted Average.

² The Action Level for Noise Exposure is 0.50 (summation of Cn/Tn) or an equivalent sound level of 85 dBA.

June 22, 2005
INSPECTION LETTERS
Employer - inspection No citation.dot
October 5, 2007

TOSHA Instruction IRT-TN 01-00-01

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Dear «Contact_Sal» «Contact_L_Name»:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, an inspection (Inspection No.: «Insp_No») was conducted on «Insp_Dates», by «CSHO_F_Name». No citations were issued as a result of this inspection.

Our primary concern is to insure the safety and well being of the workers of this state. We hope you share in this concern. To assist employers with their safety and health programs, we have resources available through our Education and Training Branch and Consultative Services Branch without cost, and without citation or sanction. Also, should you have a question concerning the standards, our Standards Branch is available to answer your question or provide an interpretation. To avail yourselves of these services, please do not hesitate to write, or telephone «Area_Office_Tele»

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

June 22, 2005
01-00-01
INSPECTION LETTERS
Employer - inspection with citation and sampling.dot
October 5, 2007

TOSHA Instruction IRT-TN

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Dear «Contact_Sal» «Contact_L_Name»:

Pursuant to the Tennessee Occupational Safety and Health Act of 1972, an inspection (Inspection No.: «Insp_No») was conducted on «Insp_Dates», by «CSHO_F_Name». Citations issued as a result of this inspection are enclosed.

As a part of the inspection, personal monitoring of employees was conducted. The results of that monitoring are attached for your use and information. The Occupational Safety and Health Standard for General Industry 29 CFR 1910.1020 requires the employer to maintain these records and provide employee exposure data to the employee upon request. If an overexposure has occurred for which a citation was issued, T.C.A. § 50-3-203(c)(2) requires the employee be notified.

You can contest the citation and/or penalty before the Tennessee Occupational Safety and Health Review Commission. If you wish to contest, you must notify TOSHA within 20 calendar days after receiving the citation and notification of penalty. The citation and penalty will become a final order after the 20 day period. Also, after the 20 day period, the citation and penalty are not subject to review by any agency or court. Refer to the Citation and Notification of Penalty Cover Letter for more information.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

AREA/OPERATION/EMPLOYEE	AIR CONTAMINANT	LIMIT ¹	SAMPLING RESULTS

¹ Permissible Exposure Limit

² Short-Term Exposure Limit

³ Ceiling Limit

⁴ Excursion Limit

⁵ Action Level

NOTE: The measured exposures are expressed in parts air contaminant per million parts of air(ppm) in milligrams of air contaminant per cubic meter of air(mg/M³) in fibers of asbestos per cubic centimeter of air (f/cc).

NOISE SAMPLING DATA

AREA/OPERATION/EMPLOYEE	LIMIT ¹	EXPOSURE (Cn/Tn)	dBA

¹ The Limit for Noise Exposure is 1.00 (summation of Cn/Tn) or an equivalent sound level of 90 dBA for an 8-hour Time-weighted Average.

² The Action Level for Noise Exposure is 0.50 (summation of Cn/Tn) or an equivalent sound level of 85 dBA.



**STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
220 French Landing Drive
Nashville, TN 37243-1002**

October 5, 2007

Dear Mrs./Ms./Mr. <Family Member Name>:

Please accept my sympathy for the loss your family has suffered in the death of Mrs./Ms./Mr. < Victim Name >.

The Tennessee Occupational Safety and Health Administration will investigate the circumstances surrounding the tragic event and the results will be made available to you upon your request, without charge. If violations of the TOSHA standards are documented during this investigation, citations and monetary penalties may be issued to the employer. The investigation process may take up to six months.

If you, or another family member, have questions about our ongoing investigation or information you would like to provide to our investigator, please contact:

<AREA SUPERVISOR NAME>
<AREA OFFICE ADDRESS>
<AREA OFFICE PHONE NUMBER>

If you wish to receive a copy of the final inspection report, please contact Mike Maenza, Standards and Procedures Manager, at 1-800-249-8510.

Sincerely,

John Winkler
Administrator



**STATE OF TENNESSEE
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF OCCUPATIONAL SAFETY AND HEALTH
220 French Landing Drive
Nashville, TN 37243-1002**

05 de octubre de 2007

Estimado/a Sra./Srta./Sr. <Insert Family Member Name>:

El motivo de la presente es ofrecerle mis más sinceras condolencias por la pérdida que su familia acaba de sufrir con la muerte de el/la Sra./Srta./Sr. <Insert Victim Name>.

La Administración de Seguridad y Salud Ocupacional de Tennessee investigará las circunstancias relacionadas con este trágico suceso y le haremos saber los resultados, previa solicitud de su parte, sin costo alguno para usted. Si en el curso de esta investigación, se determina que hubo alguna infracción de las normas de la Administración de Seguridad y Salud Ocupacional de Tennessee (TOSHA, por sus siglas en inglés), puede que se le impongan multas o sanciones monetarias al empleador. El proceso de investigación podría tardar hasta seis meses.

Si usted, o algún otro familiar, tienen alguna pregunta relacionada con la presente investigación, o si tienen alguna información que quisieran ofrecerle a nuestro investigador, sírvanse ponerse en contacto con:

<AREA SUPERVISOR NAME>
<AREA OFFICE ADDRESS>
<AREA OFFICE PHONE NUMBER>

Si quisiera recibir una copia del informe definitivo de la inspección, sírvase ponerse en contacto con Mike Maenza, Director de Normas y Procedimientos, llamando al 1-800-249-8510.

Atentamente,

John Winkler
Administrador

June 22, 2005
MISCELLANEOUS LETTERS
PMA.dot
October 5, 2007

TOSHA Instruction IRT-TN 01-00-01

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No.:«CSHO_ID»-«Opt_Insp_No»
Inspection No.: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

We have received your petition for modification of the abatement period(s) specified on the above referenced citation issued to you as a result of the occupational safety inspection conducted on «Insp_Dates». The modification of abatement period(s) hereby granted applies only to the specific item(s) of the referenced citation as listed below.

Citation Number	Item Number	Original Abatement Date	Modified Abatement Date

Your employees have 20 days to file an objection to this extension with the Commissioner of Labor and Workforce Development. If employees do not file an objection within that period, the new abatement dates become effective.

Post this letter or a copy of the letter with the citation it changes. The Tennessee Code Annotated, §§50-3-307(a)(4) and 50-3-406 requires the issuance of a citation and a proposed penalty for failure to post this letter.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

June 22, 2005
MISCELLANEOUS LETTERS
Progress Report with Extension.dot
October 5, 2007

TOSHA Instruction IRT-TN 01-00-01

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No: «CSHO_ID»
Inspection No: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

Thank you for the report we received which indicates progress toward abatement of citations issued your company. We reviewed your report and found your progress to be acceptable at this time. Your next progress report will be due .

Also we have received your request for additional time to correct the citations issued to your company. The new abatement dates are listed in the Table below:

Citation Number	Item Number	Last Abatement Date	Modified Abatement Date

June 22, 2005
MISCELLANEOUS LETTERS
Progress Report with Extension.dot
«Estab_Name»
Page 2
October 5, 2007

TOSHA Instruction IRT-TN 01-00-01

Your employees have 20 days to file an objection to this extension with the Commissioner of Labor and Workforce Development. If employees do not file an objection within that period, the new abatement dates become effective.

Post this letter or a copy of the letter with the citation it changes. The Tennessee Code Annotated, §§ 50-3-307(a)(4) and 50-3-406 requires the issuance of a citation and a proposed penalty for failure to post this letter.

We appreciate the steps you have taken toward abatement. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

October 5, 2007

«Contact_Sal» «Contact_F_Name» «Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No: «CSHO_ID» - «Opt_Insp_No»
Inspection No: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

Thank you for the report we received which indicates progress toward abatement of citations issued your company. We reviewed your report and found your progress to be acceptable at this time. Your next progress report will be due .

We appreciate the steps you have taken toward abatement. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

October 5, 2007

«Contact_Sal» «Contact_F_Name»«Contact_L_Name»
«Contact_title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Re: CSHO No.: «CSHO_ID»-«Opt_Insp_No»
Inspection No.: «Insp_No»

Dear «Contact_Sal» «Contact_L_Name»:

Thank you for your letter dated . Your letter documented the correction of item number(s) of Serious citation 1 issued on .

Your letter also requests additional time to correct the remaining items. The new abatement dates are listed in the table below:

Citation Number	Item Number	Last Abatement Date	Modified Abatement Date

Your employees have 20 days to file an objection to this extension with the Commissioner of Labor and Workforce Development. If employees do not file an objection within that period, the new abatement dates become effective.

Post this letter or a copy of the letter with the citation it changes. The Tennessee Code Annotated, §§50-3-307(a)(4) and 50-3-406 requires the issuance of a citation and a proposed penalty for failure to post this letter.

We appreciate the steps you have taken toward abatement. Please contact us if you have questions or need help correcting the remaining violations.

Sincerely,

«Supervisor_F_Name» «Supervisor_L_Name»
Area Supervisor

«Agency_Head_Sal» «Agency_Head_Fname» «Agency_Head_Lname»
«Agency_Head_Title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Attn: «Safety_Dir_Sal» «Safety_Dir_Fname» «Safety_Dir_Lname», «Safety_Dir_Title»

Dear «Agency_Head_Sal» «Agency_Head_Lname»:

On «Insp_Dates» our compliance officer «CSHO_F_Name» «CSHO_L_Name» conducted a monitoring visit of your "Enter city, county, utility, etc." to evaluate and discuss the status of your occupational safety and health program. The following (departments/locations).were inspected during the visit:

"Enter departments/locations inspected"

Our goal is to help you provide a safe and healthful work environment for your employees. We are confident this activity will help facilitate the continued growth of your safety and health program and help to reduce workplace injuries and illnesses.

During this visit no violations were observed in the areas we inspected. Your commitment to the principals of an effective safety and health program and dedication to the continued management of your own OSHA program are to be commended. If we can assist you in any way in the future, please let us know.

Sincerely,

Ronald Rich, Manager of Public Sector Operations
Division of Occupational Safety and Health

«Agency_Head_Sal» «Agency_Head_Fname» «Agency_Head_Lname»
«Agency_Head_Title»
«Estab_Name»
«Estab_Mail_Street»
«Estab_Mail_City», «Estab_Mail_State» «Estab_Mail_Zip»

Attn: «Safety_Dir_Sal» «Safety_Dir_Fname» «Safety_Dir_Lname», «Safety_Dir_Title»

Dear «Agency_Head_Sal» «Agency_Head_Lname»:

On «Insp_Dates» our compliance officer «CSHO_F_Name» «CSHO_L_Name» conducted a monitoring visit of your "Enter city, county, utility, etc." to evaluate and discuss the status of your occupational safety and health program. The following (departments/locations).were inspected during the visit:

"Enter departments/locations inspected"

Our goal is to help you provide a safe and healthful work environment for your employees. We are confident this activity will facilitate the continued growth of your safety and health program and help to reduce workplace injuries and illnesses.

During this visit violation(s) of the OSHA standards were observed in the areas we inspected. These violation(s) do not imply that your program is ineffective however they are an indication of a program deficiency in some aspect of your safety and health program. We have included with this report a "Notice of Unsafe or Unhealthful Working Conditions" that contains "Insert number of violations here" violations observed during this visit. Please post a copy of this report for your employees to view for a period of at least three (3) working days, or until all alleged violation(s) are corrected. We will need your reply as to the corrective action taken or planned by the abatement date indicated on the Notice. Enclosed are copies of Appendix A (instructions) and Appendix B (form) for reporting the action you have taken to correct the violation(s).

Your file cannot be closed until we have documentation of correction of each violation. Please respond promptly.

We appreciate your voluntary participation in the state program. If we can assist you in any way, please let us know.

Sincerely,

Ronald Rich, Manager of Public Sector Operations
Division of Occupational Safety and Health